



13160200820100010

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2008
OF THE CONDITION AND AFFAIRS OF THE

Physicians Health Choice of AR, Inc

NAIC Group Code	4423	NAIC Company Code	13160	Employer's ID Number	45-0571407
	(Current Period)		(Prior Period)		
Organized under the Laws of	Arkansas	State of Domicile or Port of Entry	AR		
Country of Domicile	US				
Licensed as business type:	Life, Accident & Health [] Dental Service Corporation [] Other []	Property/Casualty [] Vision Service Corporation [] Is HMO Federally Qualified? Yes [] No [X]	Hospital, Medical & Dental Service or Indemnity [] Health Maintenance Organization [X]		
Incorporated/Organized:	August 7, 2007	Commenced Business:	May 30, 2008		
Statutory Home Office:	900 South Shackelford, Ste. 205	Little Rock, AR 72211			
	(Street and Number)	(City or Town, State and Zip Code)			
Main Administrative Office:	8637 Fredericksburg Rd Ste 400				
	(Street and Number)				
	San Antonio, TX 78240	866-550-4736			
	(City or Town, State and Zip Code)	(Area Code) (Telephone Number)			
Mail Address:	8637 Fredericksburg Rd Ste 400	San Antonio, TX 78240			
	(Street and Number or P.O. Box)	(City or Town, State and Zip Code)			
Primary Location of Books and Records:	8637 Fredericksburg Rd Ste 400	San Antonio, TX 78240	210-617-4741		
	(Street and Number)	(City or Town, State and Zip Code)	(Area Code) (Telephone Number)		
Internet Website Address:	n/a				
Statutory Statement Contact:	Joe Zimmerman	210-617-4741			
	(Name)	(Area Code) (Telephone Number)	(Extension)		
	jzimmerman@wellmed.net	210-694-4630			
	(E-Mail Address)	(Fax Number)			

OFFICERS

	Name	Title
1.	Dan Joseph Comrie	President
2.	Bryan David Grundhoefer	Secretary/Treasurer
3.		

VICE-PRESIDENTS

Name	Title	Name	Title
George McCarroll Rapier			

DIRECTORS OR TRUSTEES

State of TX
County of Bexar ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
Dan Joseph Comrie	Bryan David Grundhoefer	
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President	Secretary/Treasurer	
(Title)	(Title)	(Title)

Subscribed and sworn to before me this	a. Is this an original filing?	[X] Yes [] No
27 day of Feb, 2009	b. If no:	1. State the amendment number
		2. Date filed
		3. Number of pages attached

NONE Exhibit 2 - Accident and Health Premiums Due and Unpaid

NONE Exhibit 3 - Health Care Receivables

NONE Exhibit 4 - Claims Unpaid (Reported and Unreported)

EXHIBIT 5 – AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 6 – AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

NONE Exhibit 7 - Parts 1 and 2 Summary of Transactions

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	25,517	0	992	0	24,525	0
2. Medical furniture, equipment and fixtures	0	0	0	0	0	0
3. Pharmaceuticals and surgical supplies	0	0	0	0	0	0
4. Durable medical equipment	0	0	0	0	0	0
5. Other property and equipment	0	0	0	0	0	0
6. Total	25,517	0	992	0	24,525	0

NONE Exhibit of Prems, Enrollment and Utilization (by State)

NONE Schedule S - Part 1 - Section 2

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company
as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Paid Losses	7 Unpaid Losses
			NONE			
0799999	Totals - Life, Annuity and Accident and Health					

NONE Schedule S - Part 3 - Section 2

NONE Schedule S - Part 4

NONE Schedule S - Part 5

NONE Schedule S - Part 6

SCHEDULE T - PART 2

INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

		Direct Business Only					
		1	2	3	4	5	6
States, Etc.		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1.	Alabama	AL					
2.	Alaska	AK					
3.	Arizona	AZ					
4.	Arkansas	AR					
5.	California	CA					
6.	Colorado	CO					
7.	Connecticut	CT					
8.	Delaware	DE					
9.	District of Columbia	DC					
10.	Florida	FL					
11.	Georgia	GA					
12.	Hawaii	HI					
13.	Idaho	ID					
14.	Illinois	IL					
15.	Indiana	IN					
16.	Iowa	IA					
17.	Kansas	KS					
18.	Kentucky	KY					
19.	Louisiana	LA					
20.	Maine	ME					
21.	Maryland	MD					
22.	Massachusetts	MA					
23.	Michigan	MI					
24.	Minnesota	MN					
25.	Mississippi	MS					
26.	Missouri	MO					
27.	Montana	MT					
28.	Nebraska	NE					
29.	Nevada	NV					
30.	New Hampshire	NH					
31.	New Jersey	NJ					
32.	New Mexico	NM					
33.	New York	NY					
34.	North Carolina	NC					
35.	North Dakota	ND					
36.	Ohio	OH					
37.	Oklahoma	OK					
38.	Oregon	OR					
39.	Pennsylvania	PA					
40.	Rhode Island	RI					
41.	South Carolina	SC					
42.	South Dakota	SD					
43.	Tennessee	TN					
44.	Texas	TX					
45.	Utah	UT					
46.	Vermont	VT					
47.	Virginia	VA					
48.	Washington	WA					
49.	West Virginia	WV					
50.	Wisconsin	WI					
51.	Wyoming	WY					
52.	American Samoa	AS					
53.	Guam	GU					
54.	Puerto Rico	PR					
55.	U.S. Virgin Islands	VI					
56.	Northern Mariana Islands	MP					
57.	Canada	CN					
58.	Aggregate Other Alien	OT					
59.	Totals						

SCHEDULE Y

PART 2 – SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

[illegible]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	Responses
MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2. Will an actuarial opinion be filed by March 1?	See Explanation
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
JUNE FILING	
8. Will an audited financial report be filed by June 1?	YES

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	
9. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
10. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
11. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	YES
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	YES
APRIL FILING	
16. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
17. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
18. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO

Explanation:

not operational in 2008

Bar Code:



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



1316020083300000



13160200821100000



13160200821300000

OVERFLOW PAGE FOR WRITE-INS



MEDICARE PART D COVERAGE SUPPLEMENT
(Net of Reinsurance)
(To Be Filed By March 1)

NAIC Group Code 4423 NAIC Company Code 13160

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage	0	X X X	0	X X X	0
1.12 Without Reinsurance Coverage	0	X X X	0	X X X	0
1.13 Risk-Corridor Payment Adjustments	0	X X X	0	X X X	0
1.2 Supplemental Benefits	0	X X X	0	X X X	0
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage	0	X X X	0	X X X	X X X
2.12 Without Reinsurance Coverage	0	X X X	0	X X X	X X X
2.2 Supplemental Benefits	0	X X X	0	X X X	X X X
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage	0	X X X	0	X X X	X X X
3.12 Without Reinsurance Coverage	0	X X X	0	X X X	X X X
3.2 Supplemental Benefits	0	X X X	0	X X X	X X X
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable	0	X X X	0	X X X	X X X
4.2 Payable	0	X X X	0	X X X	X X X
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage	0	X X X	0	X X X	X X X
5.12 Without Reinsurance Coverage	0	X X X	0	X X X	X X X
5.13 Risk-Corridor Payment Adjustments	0	X X X	0	X X X	X X X
5.2 Supplemental Benefits	0	X X X	0	X X X	X X X
6. Total Premiums	0	X X X	0	X X X	0
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage	0	X X X	0	X X X	0
7.12 Without Reinsurance Coverage	0	X X X	0	X X X	0
7.2 Supplemental Benefits	0	X X X	0	X X X	0
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage	0	X X X	0	X X X	X X X
8.12 Without Reinsurance Coverage	0	X X X	0	X X X	X X X
8.2 Supplemental Benefits	0	X X X	0	X X X	X X X
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage	0	X X X	0	X X X	X X X
9.12 Without Reinsurance Coverage	0	X X X	0	X X X	X X X
9.2 Supplemental Benefits	0	X X X	0	X X X	X X X
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage	0	X X X	0	X X X	X X X
10.12 Without Reinsurance Coverage	0	X X X	0	X X X	X X X
10.2 Supplemental Benefits	0	X X X	0	X X X	X X X
11. Total Claims	0	X X X	0	X X X	0
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid – Net To Reimbursements Applied	X X X	0	X X X	0	0
12.2 Reimbursements Received but Not Applied-change	X X X	0	X X X	0	0
12.3 Reimbursements Receivable-change	X X X	0	X X X	0	X X X
12.4 Health Care Receivables-change	X X X	0	X X X	0	X X X
13. Aggregate Policy Reserves-change	0	0	0	0	X X X
14. Expenses Paid	0	X X X	0	X X X	0
15. Expenses Incurred	0	X X X	0	X X X	X X X
16. Underwriting Gain/Loss	0	X X X	0	X X X	X X X
17. Cash Flow Result	X X X	X X X	X X X	X X X	0

ALPHABETICAL INDEX TO HEALTH ANNUAL STATEMENT

Exhibit of Nonadmitted Assets	16	Schedule DA – Verification Between Years	SI11
Analysis of Operations By Lines of Business	7	Schedule DB – Part A – Section 1	E18
Assets	2	Schedule DB – Part A – Section 2	E18
Cash Flow	6	Schedule DB – Part A – Section 3	E19
Exhibit 1 – Enrollment By Product Type for Health Business Only	17	Schedule DB – Part A – Verification Between Years	SI12
Exhibit 2 – Accident and Health Premiums Due and Unpaid	18	Schedule DB – Part B – Section 1	E19
Exhibit 3 – Health Care Receivables	19	Schedule DB – Part B – Section 2	E20
Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus	20	Schedule DB – Part B – Section 3	E20
Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates	21	Schedule DB – Part B – Verification Between Years	SI12
Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates	22	Schedule DB – Part C – Section 1	E21
Exhibit 7 – Part 1 – Summary of Transactions With Providers	23	Schedule DB – Part C – Section 2	E21
Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries	23	Schedule DB – Part C – Section 3	E22
Exhibit 8 – Furniture, Equipment and Supplies Owned	24	Schedule DB – Part C – Verification Between Years	SI13
Exhibit of Capital Gains (Losses)	15	Schedule DB – Part D – Section 1	E22
Exhibit of Net Investment Income	15	Schedule DB – Part D – Section 2	E23
Exhibit of Premiums, Enrollment and Utilization (State Page)	29	Schedule DB – Part D – Section 3	E23
Five-Year Historical Data	28	Schedule DB – Part D – Verification Between Years	SI13
General Interrogatories	26	Schedule DB – Part E – Section 1	E24
Jurat Page	1	Schedule DB – Part E – Verification	SI13
Liabilities, Capital and Surplus	3	Schedule DB – Part F – Section 1	SI14
Notes To Financial Statements	25	Schedule DB – Part F – Section 2	SI15
Overflow Page For Write-ins	41	Schedule E – Part 1 – Cash	E25
Schedule A – Part 1	E01	Schedule E – Part 2 – Cash Equivalents	E26
Schedule A – Part 2	E02	Schedule E – Part 3 – Special Deposits	E27
Schedule A – Part 3	E03	Schedule E – Verification Between Years	SI16
Schedule A – Verification Between Years	SI02	Schedule S – Part 1 – Section 2	30
Schedule B – Part 1	E04	Schedule S – Part 2	31
Schedule B – Part 2	E05	Schedule S – Part 3 – Section 2	32
Schedule B – Part 3	E06	Schedule S – Part 4	33
Schedule B – Verification Between Years	SI02	Schedule S – Part 5	34
Schedule BA – Part 1	E07	Schedule S – Part 6	35
Schedule BA – Part 2	E08	Schedule T – Part 2 – Interstate Compact	37
Schedule BA – Part 3	E09	Schedule T – Premiums and Other Considerations	36
Schedule BA – Verification Between Years	SI03	Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	38
Schedule D – Part 1	E10	Schedule Y - Part 2 – Summary of Insurer's Transactions With Any Affiliates	39
Schedule D – Part 1A – Section 1	SI05	Statement of Revenue and Expenses	4
Schedule D – Part 1A – Section 2	SI08	Summary Investment Schedule	SI01
Schedule D – Part 2 – Section 1	E11	Supplemental Exhibits and Schedules Interrogatories	40
Schedule D – Part 2 – Section 2	E12	Underwriting and Investment Exhibit – Part 1	8
Schedule D – Part 3	E13	Underwriting and Investment Exhibit – Part 2	9
Schedule D – Part 4	E14	Underwriting and Investment Exhibit – Part 2A	10
Schedule D – Part 5	E15	Underwriting and Investment Exhibit – Part 2B	11
Schedule D – Part 6 – Section 1	E16	Underwriting and Investment Exhibit – Part 2C	12
Schedule D – Part 6 – Section 2	E16	Underwriting and Investment Exhibit – Part 2D	13
Schedule D – Summary By Country	SI04	Underwriting and Investment Exhibit – Part 3	14
Schedule D – Verification Between Years	SI03		
Schedule DA – Part 1	E17		